

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 26 1944

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1075

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3341-Galvert Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME Ida Bell Douglass

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Robert O 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Feb 8 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 29 hr. _____ min.

9. Birthplace Gare Creek Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Goreland
 13. Birthplace Gare Creek Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Rodgers
 15. Birthplace Unknown Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert O. Douglass
 (b) Address 3341-Galvert Ave-Overland, Mo

17. (a) Burial (b) Date thereof 5-9-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Edmund B. B. B.
 (b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAY 12 1944 (b) C. H. McHarran, M.D.
 (Data received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3341-Galvert Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1944 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from April - 16 - 44
 to May - 7 - 1944
 that I last saw him alive on May - 6 - 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia Duration 2 days

Due to Chronic Hypertension

Due to Arterio Sclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None

Of autopsy None 107

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Roy A. Halahan (M. D. or other) MD
 Address 2438 Woodson Rd. Date signed 5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address. *Overland Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.